

# My Family's Activities, Interests and Resources Checklist

This tool is **voluntary** and designed to assist your family in explaining to your early intervention team how early intervention can be most helpful to you. Please share only information that you are comfortable sharing.

Everyday interactions and routines are opportunities for children to learn and practice new skills. By understanding your child's everyday interactions and routines your early intervention team can start to identify how early intervention can support your child, family and other caregivers in the activities that are important to your family. So let's get started! Review the list of activities below and check those in which you, your family, and your child are currently participating in **and** those you would like to be able to participate in but could use some help (*Activities of Interest Column\**).

As you're reviewing the list of activities, some questions to think about are (1) Who's involved in the activity? What do they do during the activity? (2) How does your child participate during the routine/activity? Does your child enjoy the activity? (3) How does your child communicate and get along with others during this routine/activity? (4) How do you feel this routine/activity works for your child and family?

Activities we do now	*Activities of Interest		Activities we do now	*Activities of Interest		Activities we do now	*Activities of Interest	
<input type="checkbox"/>	<input type="checkbox"/>	Attend church	<input type="checkbox"/>	<input type="checkbox"/>	Music/movement class (play groups)	<input type="checkbox"/>	<input type="checkbox"/>	Eating
<input type="checkbox"/>	<input type="checkbox"/>	Reading	<input type="checkbox"/>	<input type="checkbox"/>	Cuddling/rocking with an adult	<input type="checkbox"/>	<input type="checkbox"/>	Eating out
<input type="checkbox"/>	<input type="checkbox"/>	Bike/tricycle/stroller ride	<input type="checkbox"/>	<input type="checkbox"/>	Helping around the house	<input type="checkbox"/>	<input type="checkbox"/>	Playing outside
<input type="checkbox"/>	<input type="checkbox"/>	Camping	<input type="checkbox"/>	<input type="checkbox"/>	Going to the library	<input type="checkbox"/>	<input type="checkbox"/>	Going for a walk
<input type="checkbox"/>	<input type="checkbox"/>	Playing at the park	<input type="checkbox"/>	<input type="checkbox"/>	Going to a sibling's activities	<input type="checkbox"/>	<input type="checkbox"/>	Going to a movie
<input type="checkbox"/>	<input type="checkbox"/>	Playing in the water	<input type="checkbox"/>	<input type="checkbox"/>	Going to the mall	<input type="checkbox"/>	<input type="checkbox"/>	Playing chase/running
<input type="checkbox"/>	<input type="checkbox"/>	Gardening/yard work	<input type="checkbox"/>	<input type="checkbox"/>	Playing dress up/pretend play	<input type="checkbox"/>	<input type="checkbox"/>	Play with toys
<input type="checkbox"/>	<input type="checkbox"/>	Playing in the dirt/sand	<input type="checkbox"/>	<input type="checkbox"/>	Playing with siblings/friends	<input type="checkbox"/>	<input type="checkbox"/>	Play with people
<input type="checkbox"/>	<input type="checkbox"/>	Singing/listening to music	<input type="checkbox"/>	<input type="checkbox"/>	Playing with adults	<input type="checkbox"/>	<input type="checkbox"/>	Doing errands
<input type="checkbox"/>	<input type="checkbox"/>	Watching television/movies	<input type="checkbox"/>	<input type="checkbox"/>	Using crayons, markers, paint	<input type="checkbox"/>	<input type="checkbox"/>	Playing with puzzles, blocks, Legos
<input type="checkbox"/>	<input type="checkbox"/>	Getting up in the morning	<input type="checkbox"/>	<input type="checkbox"/>	Playing Peek-A-Boo, other baby games	<input type="checkbox"/>	<input type="checkbox"/>	Visiting family and friends
<input type="checkbox"/>	<input type="checkbox"/>	Dressing	<input type="checkbox"/>	<input type="checkbox"/>	Naptime	<input type="checkbox"/>	<input type="checkbox"/>	Communication
<input type="checkbox"/>	<input type="checkbox"/>	Mealtime	<input type="checkbox"/>	<input type="checkbox"/>	Toileting time	<input type="checkbox"/>	<input type="checkbox"/>	Bath time
<input type="checkbox"/>	<input type="checkbox"/>	Inside play	<input type="checkbox"/>	<input type="checkbox"/>	Going to bed	<input type="checkbox"/>	<input type="checkbox"/>	Collecting
<input type="checkbox"/>	<input type="checkbox"/>	Outside play	<input type="checkbox"/>	<input type="checkbox"/>	Leaving home	<input type="checkbox"/>	<input type="checkbox"/>	Other:
<input type="checkbox"/>	<input type="checkbox"/>	Getting along with siblings	<input type="checkbox"/>	<input type="checkbox"/>	Picking up siblings from school/bus stop	<input type="checkbox"/>	<input type="checkbox"/>	Other:

## I would like more information about:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Health care for my child   | <input type="checkbox"/> Family recreation activities | <input type="checkbox"/> Housing                            |
| <input type="checkbox"/> Talking with other parents of children with disabilities         | <input type="checkbox"/> Childcare                    | <input type="checkbox"/> My child's diagnosis or disability |
| <input type="checkbox"/> Places where my child can play with other children and community | <input type="checkbox"/> Clothing, food, etc.         | <input type="checkbox"/> Other                              |

People (i.e. friends, neighbors, extended family) and resources (i.e. neighborhood play groups, community activities, parks, housing, insurance) that support your family: